	\$EPA	NOTIFICAT	INSTRUCTIONS: If you received a preprinted						
	INSTALLA- TION'S EPA I.D. NO.	MYD09629	7544	label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III					
	I. STALLATION					below blank	. If you did n	ot receive a pr	reprinted
	INSTALLA- TION II. MAILING ADDRESS	COMAP INE 1405 BUFF OLEAN, NY	label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFI-						
BETACKA.	LOCATION III OF INSTAL- LATION	1 305 BUF O LEAN, N	A 2 100 A 20			information	requested her	eting this for rein is require ource Conserva	d by law
ACH	FOR OFFICIAL	USE ONL I		MMENTS	_	-			
ADET	c C	ПП		MENTS					
	15 16	ON'S EPA I.D. NUM	BER APPROVED	DATE RECEIVE	P			55	
	FNYD09	MYD09629734431 800725							
	I. NAME OF INS	TALLATION	13 14 15 16	17	22	38.			
	CONAP			74	15		10		
	II. INSTALLATION	I. INSTALLATION MAILING ADDRESS							
	C		STREET OR P.O. BOX		14	28			
	3 1 4 0 5	BUFFAL	O ST.	V P	300	45	M	डावलप	
		CIT	Y OR TOWN		ST. ZII	CODE		11	
	4 OL EAN	98	SV 858	9 8	N V 1 4	760	U	1910	
	III. LOCATION OF INSTALLATION								
	STREET OR ROUTE NUMBER 5 1 4 0 5 B U F F A L 0 S T								
	CITY OR TOWN ST. ZIP CODE								
	6 O L E A N	6 O L E A N N 1 4 7 6 0							
	IV. INSTALLATION CONTACT								
	SENDI	AKOWSK		CHEST STREET	Na D	711	E NO. (area co	ae & no.)	
	V. OWNERSHIP	MICONON	I GEO AS	oli. PRO	. MGR	45 46 - 48	49 - 51	7 6 5 0 52 - 55	BUT N
~	A. NAME OF INSTALLATION'S LEGAL OWNER								
TACH	8WHE EL	ABRATO	R-FRYE I	NC.	personally ex	ough & tests	ve to the	क्ष कार्य वर्ष	Ures 1
DE	B. TYPE OF (enter the approprie	OWNERSHIP ate letter into box)	VI. TYPE OF HAZAF	RDOUS WASTE	ACTIVITY (e	nter "X" in	the appropri	iate box(es))	
•	F = FEDERAL M = NON-FE		A. GENERA	E WINDLAND BE	MAR 58	HONE TO SE		olete item VII)	TARME
	VII. MODE OF T	RANSPORTATIO	ON (transporters only –	enter "X" in the	60	The same	UND INJECT	ION	4
	☐ A. AIR	B. RAIL	C. HIGHWAY	D. WATER	E. OTHE		anavan lo	8700-12 (8-8	EPA Form
	VIII. FIRST OR SUBSEQUENT NOTIFICATION								
	Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.								
	C. INSTALLATION'S EPA I.D. Number in the space provided below.								
	💆 A. FIRST	NOTIFICATION	B. SUBSEQUE	NT NOTIFICATIO	N (complete ite	200 200	I I I I	I I I I I I I I I I I I I I I I I I I	.s. No.
	IX. DESCRIPTIO		OUS WASTES provide the requested info	rmation					

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE

lach/ in the unshaded area only.	Please of int or type with ELITE type L2 characters/				
MATAL PROTECTION AGENCY	I.D FOR OFFICIAL USE ONLY				
THAN SHE WOULD MARKET	WMYD09629754471				
	1 2 - 13 14 15				

IX. DESCRIPTION OF HA	ZARDOUS WAST	ES (continued from)	front		13 14 18	
A. HAZARDOUS WASTES FF waste from non-specific so	ROM NON—SPECIFIC urces your installation	SOURCES. Enter the handles. Use additional	four—digit number from I sheets if necessary.	40 CFR Part 261.31 f	or each listed hazardous	
estinam (operation) (man	2	3	4	5	6 334 334	
F001	F002	F 0 0 3	F005	23 ° 26	23 - 26	
Afficial Services (Services	8	9	10	11	12	
and put to the per service between	a pay no trip - last				NOT PRU	
B. HAZARDOUS WASTES FR specific industrial sources yo	IOM SPECIFIC SOUP	RCES. Enter the four—des. Use additional sheets	igit number from 40 CF if necessary.	R Part 261.32 for each	listed hazardous waste from	
13	14	15	16	17	/O = /10 18 0 10 3 O 3	
		B B B B	MARKET SCO.	2 2 2 2		
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
			BASE DE PERA	STORY CALLS	03 a 50 (50 7) 03 (50 8)	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
25	26	27	28	29	30	
C. COMMERCIAL CHEMICAL	PRODUCT HAZAR	DOUS WASTES. Enter	the four-digit number	from 40 CFR Part 261.	33 for each chemical sub-	
stance your installation hand					Institution in the national states	
31	32	33	34	35	36	
0002	U041	V069	U107	V158	V159	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
37	38	39	40	41	42	
0/16/1	0186	V223	V228	V239	T MAS 2018	
43	23 - 26	45	46	47	48	
			21 21 D1 ATS	10 TO TO TO		
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
D. LISTED INFECTIOUS WAS hospitals, medical and research					te from hospitals, veterinary	
49	50	51	52	53	54	
TOTAL DESCRIPTION					no do la	
E. CHARACTERISTICS OF N hazardous wastes your instal	ON-LISTED HAZAF	RDOUS WASTES. Mark 40 CFR Parts 261.21 —	"X" in the boxes corre	sponding to the charact	eristics of non—listed	
1. IGNITABLE		2. CORROSIVE	■3. REACTIVE (D003)		¥4. TOXIC	
X. CERTIFICATION				THE PERSON NAMED IN	THE REPORT OF THE PERSON NAMED AND POST OF TH	
I certify under penalty o attached documents, and I believe that the submitt mitting false information,	that based on my ed information is	inquiry of those inditrue, accurate, and co	ividuals immediately omplete. I am aware	responsible for obta	gining the information.	
Seo. Senslla	kovski		Oho. Mgr	THE PARTY OF PARTY OF	7/21/80	
EPA Form 8700-12 (6-80) RE	VERSE	NATE OF STREET			1	

Ferm Approved OMB No. 158-S78018 GSA I/o, 0246-EPA-OT

INSTRUCTIONS IF you received a propertied

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(68.01 or 0.00) and 0.60